

**Clients****Client Intake By Date**

12/2/2016

**NOTE: (\*)** Asterisked Fields are Required**Date of Birth \*****SSN (last 4) \*****Client Status****Discharge Reason \***

Unable To Locate

**Discharge Date \***

04/28/2017

**Outcome**

Client

**Do you have health insurance? \***☐ Medicaid ☐ Private Insurance ☐ Uninsured

Required

**Are you a student? \***☐ Yes ☐ No

Required

**Current Education Level \***

Select Grade

Required

**Do you have a GED?**☐ Yes ☐ No

Required

**Are you employed? \***☐ Yes ☐ No

Required

**Mother's Income \$ \***

Required

**Frequency of Pay \***

- Select -

**Marital Status \***

- Select -

Required

**Household Size \***

Select Number

Required

**Living Arrangements \***

- Select -

Required

**Do you smoke cigarettes? \***☐ Yes ☐ No

Required

**Do you use street (illegal) drugs? \***☐ Yes ☐ No

Required

**Do you drink alcohol**☐ Yes ☐ No

Required